

MONTANA BOARD OF PLUMBERS

301 South Park Avenue
PO Box 200513
Helena Montana 59620-0513
Phone: 406-841-2367 Fax: 406-841-2309
E-MAIL: dlibsdpplu@mt.gov
WEBSITE: <http://www.plumber.mt.gov/>

APPLICATION PROCEDURES FOR:

MONTANA PLUMBING LICENSURE

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 14 days for processing from the date that the Board has a complete routine application)

GENERAL INFORMATION:

1. Applications will not be processed without the application fee included.
2. Written notification will be sent to the preferred mailing address within 14 days of receipt of the application.
3. Licensees are required to know and adhere to the laws and rules pertaining to the Montana Board of Plumbers. You may find the current Statutes and Rules on our website at www.plumber.mt.gov.

LICENSE REQUIREMENTS:

JOURNEYMAN: A specific record of 5 years' experience in the field of plumbing, or completion of an apprenticeship program meeting the standards set by the Montana Apprenticeship and Training Bureau, or the United States Department of Labor, Bureau of Apprenticeship.

MASTER: A specific record of 4 years' experience as a licensed journeyman plumber in the field of plumbing, with 3 years' experience working with a licensed master plumber, or in a supervisory capacity in the field of plumbing, which may run concurrently with the 4 years' experience as a licensed journeyman plumber.

FEES:

Application Fee	\$30.00
Examination Fee	\$95.00
Reciprocity Fee	\$95.00
Temporary Permit	\$20.00
Journeyman License	\$75.00 (Prorated by Quarter)
Master License	\$125.00 (Prorated by Quarter)

APPLICATION PROCEDURES:

1. Submit the completed application with appropriate fees, required documentation, original signature and notarized pages.
2. Applicants may request a Temporary Practice Permit prior to a scheduled Board meeting. The Board or a representative of the Board must approve all requests for a Temporary Practice Permit before one is issued. Applications by Reciprocity do not need to apply for a Temporary Practice Permit. Reciprocal states may be found in the Reciprocity section below.
3. Completed applications must be received 15 days prior to the next scheduled Board meeting.

RECIPROCITY:

Montana has reciprocal agreements with Oregon, Idaho, North Dakota and South Dakota for Journeyman licensure ONLY. Applicants must have taken and passed the examination from the state they are reciprocating from. The license must also be active and may not have any complaints filed against it. The application must include a license verification from this application from the state agency in which they obtained their license. A license **WILL NOT** be issued without the license verification letter. Applicants that do not qualify for reciprocity will be required to sit for the examination.

EXAMINATIONS:

The Board or a representative of the Board must approve all applications before being allowed to sit for the examination. The Board office must receive the examination fee at least 15 days prior to the examination date. Applicants whose fees are not received by the deadline shall be required to sit for the next scheduled examination. Applicants will receive notification of their application status within 14 days of receipt of the application.

Journeyman: The Journeyman examination is closed book with no time limit. The examination includes both a written and practical hands-on portion. A minimum score of 70% is required to pass.

Master: The Master examination is an open book examination with a six (6) hour time limit. Statutes, Rules and Uniform Plumbing Code book amendments will be provided by the department at the examination. The candidates are responsible for their own current Uniform Plumbing Code book. **Uniform Plumbing Code books will not be provided at the examination.** Code books will be inspected prior to the examination to ensure they are not tabbed. Code books will also be inspected after the examination to ensure examination information was not written in the book.

RENEWAL LICENSURE INFORMATION:

1. Licenses expire annually on September 1.
2. Failure to renew a license by September 1 will require the licensee to pay the applicable late fee before the license is renewed.
3. The Board office will mail a renewal notice to the preferred mailing address on file approximately 2 months prior to the license expiration date. You are responsible for updating your current mailing address. Failure to inform the Board office of address changes may result in applicable late fees.

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E-mail: dlibsdpplu@mt.gov
Website: <http://www.plumber.mt.gov/>

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
(Please allow 14 days for processing from the date that the Board has a complete routine application)

APPLICATION FOR:

☐ **Master Plumber** ☐ **Journeyman Plumber**

APPLICATION BY:

☐ **Examination** ☐ **Reciprocity (Journeyman only)**

Application Fee: \$30.00 Exam/Reciprocity Fee: \$95.00 Temporary License Fee: \$20.00

Social Security Number _____

Full Name _____
Last First Middle

Other Name(s) Known By _____

Gender _____ Date of Birth _____ Foreign ID Number _____

E-mail Address _____

Please indicate you preferred mailing address

____ Home

____ Business

Residential Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business (Present Employer) Information

Phone _____

fax _____

Address _____

Zip Code _____

City, State _____

Business Name _____

All applicants must answer the following questions.

If you answer "yes", provide a detailed explanation on a separate sheet of paper:

		YES	NO	
1.	Do you intend to practice in the State of Montana?	1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever previously applied for a license to practice in Montana? If yes, give date, and results.	2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever been denied licensure or the opportunity to take this profession's licensing examination in any state or country? If yes, attach an official document.	3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you ever withdrawn an application for licensure? If yes, please give the state and reasons for withdrawal.	4.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.	5.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license during a disciplinary investigation of your practice, or entered into a consent agreement respecting your license during a disciplinary investigation? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations.	6.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Has any legal or disciplinary action been filed against you, which relates to the propriety of, or your fitness to practice this profession (e.g., malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.	7.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you have criminal charges pending or have you ever plead guilty, forfeited bond, or been convicted of a crime (Including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16 th birthday. If yes please attach a detailed explanation.	8.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you any physical or mental condition, which has adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation.	9.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you used alcohol or any other mood-altering substance in a manner, which adversely affected your ability to practice this profession? If yes, attach a detailed explanation.	10.	<input type="checkbox"/>	<input type="checkbox"/>

APPRENTICESHIP/EDUCATION INFORMATION:

a. Have you completed an apprenticeship program: ☐ Yes* ☐ No

*If yes, name of sponsor: _____

*If yes, you must attach a copy of your completion certificate.

b. Are you a graduate of a plumbing construction trade school: ☐ Yes** ☐ No

****If yes, you must attach a copy of your transcript(s).**

PLUMBING EMPLOYMENT RECORD.

Please type or print names and addresses of employment.

Name:	Dates From:	To:
Address:		
Telephone Number:		
Type of plumbing work performed: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Maintenance		

Name:	Dates From:	To:
Address:		
Telephone Number:		
Type of plumbing work performed: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Maintenance		

Name:	Dates From:	To:
Address:		
Telephone Number:		
Type of plumbing work performed: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Maintenance		

Name:	Dates From:	To:
Address:		
Telephone Number:		
Type of plumbing work performed: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Maintenance		

List all professional licenses you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory.

[illegible]

EXPERIENCE VERIFICATION AFFIDAVIT

Each employer you want to be considered for verification must fill out this form.
This must be returned to the above address before application will be reviewed.

1. Name of Applicant: _____
LAST FIRST MI

2. Applicant Address: _____
CITY STATE ZIP

3. Please complete the experience section below. Each **Position Title** should be represented by Apprentice, Journeyman or Master plumber.

Dates From	Dates To	Position Title	Description of Plumbing Duties*	Total Hours

4. Name of Plumbing Contractor or Master Plumber who employed above applicant:

PRINT NAME OF FIRM, PARTNERSHIP, CORPORATION OR MASTER

5. Address of Employer: _____
CITY STATE ZIP

6. Telephone of Employer: (____) _____ (____) _____
PHONE FAX

7. Did the above applicant complete a registered apprenticeship program while in your employ?
_____ Yes _____ No

PLEASE CONTINUE TO FOLLOWING PAGE

8. **MASTER APPLICANTS ONLY:** If the applicant was in a supervisory capacity, please describe the type of work, dates, and a breakdown of hours he was employed in such capacity.

Dates From	Dates To	Description of Plumbing Work*	Total Hours

***ARM 24.180.301 (3) "Installation of plumbing and drainage systems" means, but is not limited to, the measuring, laying-out, cutting, fitting, soldering and gluing of pipe and/or the installation of fixtures and equipment for the purpose of connecting potable water or sewage**

I hereby declare under penalty of perjury that information provided on this affidavit is accurate to the best of my knowledge. In signing this affidavit, I am aware that a false statement or evasive answer to any question may lead to subsequent penalties of licensure on ethical grounds.

For a verification upon oath or affirmation

State of _____
(County) of _____

Signed and sworn to (or affirmed) before me on _____ by
(name(s) of person(s) making statement) _____

(Signature of notarial officer)

(Seal)

Title (and Rank)

Residing at

[My commission expires: _____]

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS A PLUMBER. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice _____ in the State of Montana. The Board of _____ requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF PLUMBERS, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature) Name: _____
(Please print)

Address: _____

My License Number is: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF PLUMBERS

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____

Exam Date: _____ Exam Score: _____

License is current? _____ If NO, explain _____

Has license been suspended, revoked, placed on probation or otherwise disciplined? _____

If YES, explain and attach documentation _____

Has licensee ever been requested to appear before your Board? _____

If YES, explain _____

Derogatory information, if any _____

BOARD SEAL

Signed: _____
Title: _____
State Board: _____ Date: _____

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Plumbers.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

For a verification upon oath or affirmation

State of _____
(County) of _____

Signed and sworn to (or affirmed) before me on _____ by
(name(s) of person(s) making statement) _____

(Seal)

(Signature of notarial officer)

Title (and Rank)

Residing at

[My commission expires: _____]